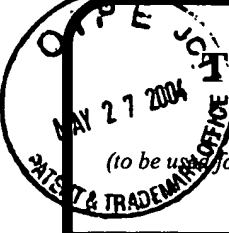
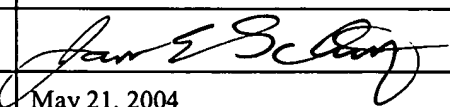
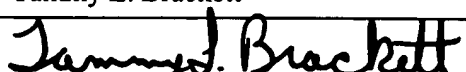


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 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/694,449	
	Filing Date	October 27, 2003	
	First Named Inventor	Sanders, Alan David	
	Group Art Unit	2681	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	WID2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Transmittal of IDS
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Troutman Sanders, LLP James E. Schutz, Reg. No. 48,658
Signature	
Date	May 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

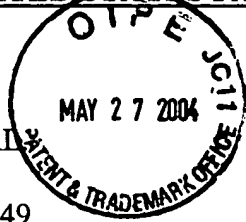
In re application of

SANDERS, ET AL

Serial Number: 10/694,449

Filed: October 27, 2003

For: SYSTEM AND METHOD FOR
IDENTIFYING CO-CHANNEL
INTERFERENCE IN A RADIO
NETWORK



Group Art Unit.: 2681

Examiner: Not Yet Assigned

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
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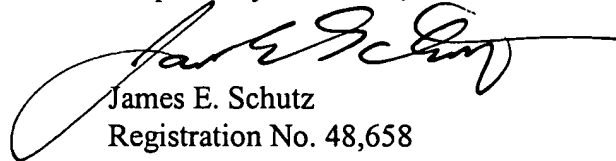
May 24, 2004

Sir:

In accordance with 37 C.F.R. §§1.56, 1.97 and 1.98, Applicant hereby submits an *Information Disclosure Statement* (PTO/SB/08A). The submission of this information does not constitute an admission of priority, or that any cited item is available as a reference, or a waiver of any right the Applicants may have under applicable statutes, rules of practice in patent cases, or otherwise.

No fee is believed to be payable in connection with the filing of this *Information Disclosure Statement*. If however, a fee is deemed to be payable, please charge such fees due to deposit account 20-1507.

Respectfully submitted,


James E. Schutz
Registration No. 48,658

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600 Peachtree Street, NE
Suite 5200
Atlanta, Georgia 30308-2216
(404) 885-3498

Complete If Known

INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	10/694,449
				Filing Date	October 27, 2003
				First Named Inventor	Sanders, Alan David
				Group Art Unit	2681
				Examiner Name	Not yet assigned
				Attorney Docket Number	WID2
Sheet	1	of	1		

[illegible][illegible]

Examiner Signature		Date Considered	
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